

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | <i>g</i>  |        | 08/01/01 |
| O.I.P.E. CLASSIFIER       |           | 15     | 8/15/01  |
| FORMALITY REVIEW          | H-2       | 1079   | 09/06/01 |
| RESPONSE FORMALITY REVIEW | <i>ju</i> | 1019   | 11.09.01 |

### INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
|                     | Allowed    | I | Interference |
| - (Through numeral) | Canceled   | A | Appeal       |
| +                   | Restricted | O | Objected     |

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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576  
9/6  
RESP-20583  
11/13/01